

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS		3/5
O.I.P.E. CLASSIFIER	(20)	57	3-11-99
FORMALITY REVIEW		10477	3 12 99

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	✓
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7	✓	✓	✓
8	0	0	0
9	0	0	0
10	✓	✓	✓
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16	✓	✓	✓
17			
18	✓	✓	✓
19	✓	✓	✓
20	0	0	0
21	✓	✓	✓
22	✓	✓	✓
23	✓	✓	✓
24	0	0	0
25	0	0	0
26	✓	✓	✓
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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